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Orthopædic Surgery as a
Specialty.

*The President's Address, delivered be-
fore the American Orthopædic
Association, at Washing-
ton, D. C.,
September 22, 1891.*

BY

A. B. JUDSON, M. D.,
NEW YORK.

REPRINTED FROM

*The New York Medical Journal
for October 10, 1891.*

*Reprinted from the New York Medical Journal
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A FLOURISHING medical society sometimes divides into sections. It is an involuntary process, or, at least, one to which the members are forced by the necessity of thoroughly accomplishing the objects of the society. The process may be called an analysis. In the present instance, however, if I understand the organization of the Congress of American Physicians and Surgeons, we have a synthesis. A number of societies voluntarily combine to secure ends which were not contemplated at the beginning of each. A division of labor having been made, according to which each society has its special work to do, it is proper and useful for the societies to meet together for co-operation. Let us therefore briefly consider some of the salient features which mark our specialty of orthopædic surgery. A better knowledge of ourselves will put us in more quick relation with other workers, both general and special, and enable us better to do our humble part in the grand plan.

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In common with other specialists, we occasionally hear that we are limited in the possible range of our achievements. The limitation is, however, entirely voluntary, and the work within these limits is practically inexhaustible. If we were not so busy, we might perchance be troubled because we are not always and exactly understood. The sign before an orthopædic hospital in New York is supposed by some of the passers-by to indicate a homœopathic institution. I am probably not alone in having been asked to perform the minor surgical operations of the chiropodist. Many, even among the learned, suppose that the latter part of our name is derived from the Latin word for *foot*, instead of from the Greek for *child*. We are also confounded in the minds of some with the instrument-makers. I mention these things in passing, without a serious thought. If they exist, like morning mist, they will pass away.

It is well, however, to recognize the fact that our practice is comparatively lacking in popular qualities. We have no critical, capital, or brilliant operations. What of brilliancy is there in keeping a limb in such an attitude that the weight of the body in locomotion shall be a favorable instead of an unfavorable agent until the natural growth of the member results in comparative symmetry; or in controlling the environment of the diseased joint and the patient, so that the natural processes of recovery and repair shall have their triumph, while the limb is daily growing in symmetry and ability with the growing child? This is not bold surgery; but there is great pleasure in watching and reverently assisting these constantly recurring natural mira-

cles. And will any of us forget the delightful friendships made among our little patients, their pretty bashfulness, their ready confidence, their irrepressible cheerfulness, their graceful acceptance of what is, alas, inevitable? The combination in them of childish and heroic qualities is a daily wonder. To watch them at play is like a dream in which the birds and wild flowers are enacting a tragedy and improving the precepts of Stoic philosophy.

Our practice is not only lacking in brilliant achievements, but it is also uninviting, because, as a rule, our patients do not make absolute recoveries. There is always, or nearly always, a residuum of disability and deformity, and in this is to be found, perhaps, one reason why our specialty has existence; for what general practitioner would lightly assume the care of a case so exceptional in his practice and so momentous as those which fall to our specialty?

The why and the wherefore of specialties in general, and ours in particular, are questions of interest. Some will say that we have a natural aptitude for mechanics, an inherited preference for slow and sure methods, compared with those that are quick and uncertain, or an inborn reverence for what is physically demonstrable. These personal characteristics may explain why some of us are orthopædists, but I believe the reason why our specialty exists and thrives is to be found in the desire of the public, the final arbiter, that experts should be invited to bear the responsibility of orthopædic cases.

One very attractive feature of orthopædic practice is its *reality*—for want of a better word. It is especially the

domain of physical demonstration, where the acceptance of pathological doctrine, as well as therapeutic precept, must be preceded by absolute proof. Here subjective symptoms are forgotten in the presence of objective signs. The data for diagnosis are visible, palpable, and mensurable. Treatment is by forces whose action is nicely directed, increased, diminished, and accurately measured. The very weight of the body is duly considered in trauma and therapeutics, and finally the results of treatment are recorded in degrees of a circle and fractions of an inch. Dealing thus, as we do, with physical realities, it is well for us to keep our eyes open to the moral verities also, which no less form part of the tissue of our daily professional work. Let us remember that diligence is the price of success, and that the only desirable success is that which is reached by the rejection of error and the loyal recognition of truth.

Since our last meeting there has occurred the death of one of our corresponding members, whose hostility to error might, in all friendly criticism, be called intemperate—one whose diligence and devotion to the interests of his patients made him an exemplar worthy of our affectionate remembrance. But I will not trespass on the subject of the first paper of our session, which is by Dr. A. J. Steele, of St. Louis, on The Orthopædic Work of the late Mr. Thomas, of Liverpool.